CITY OF FORT LAUDERDALE LOBBYIST EXPENDITURE REPORT

PLEASE PRINT OR TYPE

PERIOD CO	OVERED from		to:						
NAME OF L	OF LOBBYIST:								
NAME OF F	PRINCIPAL:								
Date	Name of Person Lobbied	Dollar Amount	Description of Expenditure	Source of Funds for Expenditure					

Discontinuance of lobbying during a year shall not relieve the lobbyist from the requirement to file this report. State of Florida, County of Broward (If other, please specify		1	T	T		
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BEFORE ME, the undersigned authority, a notary public in and for the State and County aforesaid, this day personally appeared (Name of Lobbyist) who being first duly sworn, on oath, certifies that he/she has read, or head to them, the information contained in this report, and further certifies the information as being true and correct. Signature of Lobbyist Sworn to & subscribed before me this day of	DISCOILLI	nuance or lobbying during a	year Shall hot renev	e the loodyist from the re	equirement to me this	report.
(Name of Lobbyist) who being first duly sworn, on oath, certifies that he/she has read, or head to them, the information contained in this report, and further certifies the information as being true and correct. Signature of Lobbyist Sworn to & subscribed before me this day of	State of Flo	rida, County of Broward (If other, plea	se specify)
Signature of Lobbyist Sworn to & subscribed before me this day of	EFORE ME	, the undersigned authority, a notary				
Signature of Lobbyist Sworn to & subscribed before me this day of	ead to the	m the information contained in this re				as read, or has hea
NOTARY PUBLIC SEAL OF OFFICE Signature of Notary, State of Florida Commission Number Name of Notary Public (Print/Stamp/Type)	caa to trici	in, the information contained in this re	port, and raidici certifies a	ic information as being true and ex	onecc.	
Signature of Notary, State of Florida Commission Number Name of Notary Public (Print/Stamp/Type)			Signature of Lobbyist	Sworn to & subscribed before me this day of, 20		
Commission Number Name of Notary Public (Print/Stamp/Type)				NOTARY PUBLIC SEAL OF OFF	FICE	
Commission Number Name of Notary Public (Print/Stamp/Type)						
Name of Notary Public (Print/Stamp/Type)				Signature of Notary, State of	Florida	
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DID [] take an oath or DID NOT [] take an oath				DID [] take an oath or DID	NOT [] take an oath	